

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Beverly School</u>	Date <u>9/2/16</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>141- Pleasant St</u>	Risk Level		
Telephone <u>534-7704</u>	HACCP Y/N		
Owner <u>City of Lowell</u>	Time In:	Permit No.	
Person In Charge (PIC) <u>Janice Palmacci</u>	Out:		
Inspector <u>Mike Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Mike Smith</u>	Print: <u>Mike Smith</u>	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Bratt</u>	Date <u>3/16/11</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>145 Street St.</u>	Risk Level	Permit No.	
Telephone <u>534-7708</u>			
Owner <u>City of Lowell</u>	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <u>Patricia Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Non-compliance with:

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>[Signature]</u>	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>66</u> of <u>66</u> Pages

TOWN OR CITY OF Lawrence**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Dorothy S. Smith</u>	Date <u>9/26/12</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Mass. St.</u>	Risk Level	Permit No.	
Telephone <u>534-7704</u>	HACCP Y/N		
Owner <u>City of Lawrence</u>	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Ronald Smith</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

## FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: _____	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Loominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Bennett School</u>	Date <u>9-27-18</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>145 Pleasant St</u>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:	Permit No.	
Inspector <u>Marco L. Bagnaz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

## FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures Fridge 40°F ✓☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

*All brought from Fall Brook*

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)  
 24. Food and Food Protection (FC-3)(590.004)  
 25. Equipment and Utensils (FC-4)(590.005)  
 26. Water, Plumbing and Waste (FC-5)(590.006)  
 27. Physical Facility (FC-6)(590.007)  
 28. Poisonous or Toxic Materials (FC-7)(590.008)  
 29. Special Requirements (590.009)  
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bagnaz</u>	Print: <u>Marco L. Bagnaz</u>	
PIC's Signature: <u>Janice Palmacci</u>	Print: <u>Janice Palmacci</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>F. B. Smith</u>	Date <u>10/23/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date:
Address <u>1000 Dr.</u>	Risk Level		Date:
Telephone <u>508-774-1111</u>			<input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Owner <u>City of Lynn</u>	HACCP Y/N	Permit No.	
Person in Charge (PIC)	Time In:		
Inspector <u>Robert Smith</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>[Signature]</u>	Print: <u>J</u>	
PIC's Signature: <u>Jacqueline Semler</u>	Print: <u>Jacqueline Semler</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Taunton

## Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Fall Brook</u>	Date <u>7-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>25 Decicco Dr.</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC) <u>Joan Prince</u>			
Inspector <u>Marco L. Bongia</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

## Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

## FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures Walking Cooler temp off...  
Temp checks by staff good.

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

NO other issues

## Violations Related to Good Retail Practices (Blue

items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bongia</u>	Print: <u>MARCO L. BONGIA</u>	
PIC's Signature: <u>Joan Prince</u>	Print: <u>Joan Prince</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Fall Brook School</u>	Date <u>1-10-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>25 Deccico Dr.</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)	Permit No.		
Inspector <u>Marco L. Bongiorno</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities -Fix leak @ 2-Bay  
**PROTECTION FROM CHEMICALS** "Food Prep" Sink  
☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bongiorno</u>	Print: <u>Marco L. Bongiorno</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Jacqui Semler</u>	Print: <u>Jacqui Semler</u>	



# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Fall Brook Elementary</u>	Date: <u>6-10-19</u>	Page 1 of <u>2</u>
Address: <u>25 Deccico Dr.</u>	Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>0</u>
Person-in-charge: <u>X Jackie Semler</u>		
Inspector: <u>Marco L. Bongiorno</u>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: <u>N/A</u>	Discussion with Person-In-Charge: <u>Clean and Sanitary @ T.O.S</u> <u>+ sanitizers good.</u> <u>+ all temp checks good.</u>
Signature of Person-In-Charge: <u>Jackie Semler</u>	Date: <u>6-10-19</u>
Signature of Inspector: <u>Marco L. Bongiorno</u>	Date: <u>6-10-19</u>



# Food Establishment Inspection Report – City/Town of

*Leominster*

Establishment: *Fallbrook Elementary*

Date: *6.10.19*

Page 2 of *2*

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & Ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen; Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b> <i>School</i>
--	---	--

Signature of Person-in-Charge: *Jacqueline Semler* Date: \_\_\_\_\_

Signature of Inspector: *Marco L. Barnum* Date: *6.10.19*

TOWN OR CITY OF Lewiston**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC

- ☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source

- ☐ 5. Receiving/Condition

- ☐ 6. Tags/Records/Accuracy of Ingredient Statements

- ☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☒ 8. Separation/Segregation/Protection

- ☒ 9. Food Contact Surfaces Cleaning and Sanitizing

- ☐ 10. Proper Adequate Handwashing

- ☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

2

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

9/24/17, 10/26/17

Inspector's Signature:	Print:	
PIC's Signature:	Print:	Page <u>2</u> of <u>2</u> Pages

TOWN OR CITY OF

Leominster

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Francis Drake School</i>	Date <i>7-3-18</i>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <i>95 Viscolato</i>	Risk Level		
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC) <i>Bill Sullivan</i>	Time In: Out:	Permit No.	
Inspector <i>Margo L. Bangma</i>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

*Damaged tile noted @ 3 Bay.*  
*No Exposed absorbent surfaces.*

*No other issues.*

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <i>Margo L. Bangma</i>	Print: <i>Margo L. Bangma</i>	
PIC's Signature: <i>Bill Sullivan</i>	Print: <i>Bill Sullivan</i>	Page <i>1</i> of <i>1</i> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Francis Drake School</u>	Date <u>1-7-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>95 Visciloid</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC)			
Inspector <u>Marco L. Bangraz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Kathy T. G. 54rst</u>	Print: <u>KATHY T. G. 54rst</u>	

# Food Establishment Inspection Report – City/Town of

*Leominster*

Establishment: <i>Francis Drake Elementary</i>		Date: <i>6-10-19</i>	Page 1 of <i>2</i>
Address: <i>95 Winscoloid Ave.</i>		Time in: <i>      </i>	Time out: <i>      </i>
Telephone: <i>      </i>	Permit No.: <i>      </i>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <i>0</i>	
Owner: <i>      </i>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <i>0</i>	
Person-in-charge: <i>Susan Canody</i>			
Inspector: <i>Marcus L. Barry</i>			

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN = in compliance    OUT = out of compliance    N/O = not observed    N/A = not applicable    COS = corrected on-site during inspection    R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: <i>N/A</i>	Discussion with Person-in-Charge: <i>Re-Seat lid for grease trap @ dish washer unit. Fix tile @ 3-Bay grease trap unit. Clean and Sanitary @ T.O.S + Sanitizers good + temps good.</i>
Signature of Person-in-Charge: <i>Susan Canody</i>	Date: <i>6-10-19</i>
Signature of Inspector: <i>Marcus L. Barry</i>	Date: <i>6-10-19</i>

# Food Establishment Inspection Report – City/Town of

*Leominster*

Establishment: *Francis Drake Elementary* Date: *6-10-19* Page 2 of *2*

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness Investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b> <i>School</i>
--	---	--

Signature of Person-In-Charge: *Suzanne Conady* Date: *6-10-19*  
 Signature of Inspector: *Marco Z. Benitez* Date: *6-10-19*



TOWN OR CITY OF

Leominster

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Tobacco Warehouse	Date	3/16/17	Type of Operation(s)	Type of Inspection
Address	164 St.	Risk Level		<input type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone				<input type="checkbox"/> Retail	<input type="checkbox"/> Re-Inspection
Owner	City of Leominster	HACCP Y/N		<input type="checkbox"/> Residential Kitchen	Previous Inspection
Person In Charge (PIC)		Time In:		<input type="checkbox"/> Mobile	Date:
Inspector	Monica Stemler	Time Out:		<input type="checkbox"/> Temporary	<input type="checkbox"/> Pre-operation
				<input type="checkbox"/> Caterer	<input type="checkbox"/> Suspect Illness
				<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> General Complaint
				Permit No.	<input type="checkbox"/> HACCP
					<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- |                    |             |                          |
|--------------------|-------------|--------------------------|
| Anti-Choking       | 590.009 (E) | <input type="checkbox"/> |
| Tobacco            | 590.009 (F) | <input type="checkbox"/> |
| Allergen Awareness | 590.009 (G) | <input type="checkbox"/> |

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☒ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <i>Monica Stemler</i>	Print: Monica Stemler	
PIC's Signature: <i>Monica Stemler</i>	Print: Monica Stemler	Page 1 of 1 Pages



TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input checked="" type="checkbox"/> Food Service	<input type="checkbox"/> Routine
Telephone		<input type="checkbox"/> Retail	<input checked="" type="checkbox"/> Re-inspection 10/13/17
Owner	HACCP Y/N	<input type="checkbox"/> Residential Kitchen	Previous Inspection Date:
Person in Charge (PIC)		<input type="checkbox"/> Mobile	<input type="checkbox"/> Pre-operation
Inspector	Time In: Out:	<input type="checkbox"/> Temporary	<input type="checkbox"/> Suspect Illness
		<input type="checkbox"/> Caterer	<input type="checkbox"/> General Complaint
		<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> HACCP
		Permit No.	<input type="checkbox"/> Other

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input checked="" type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>[Signature]</u>	Print: <u>Jenny Allain</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>Jenny Allain</u>	Page <u>1</u> of <u>1</u> Pages

TOWN OR CITY OF

Lynn**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Johnny Appleseed School</u>	Date <u>9-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>845 Main St.</u>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC)	Time In: Out:		
Inspector <u>Marco L. Bongrazzi</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

- NO ISSUES

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bongrazzi</u>	Print: <u>Marco L. Bongrazzi</u>	
PIC's Signature: <u>Monica Stember</u>	Print: <u>Monica Stember</u>	Page <u>1</u> of <u>1</u> Pages

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>		Date: <u>3-12-19</u>	Page 1 of <u>3</u>
Address: <u>845 Main St.</u>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">0</span>	
Owner:			
Person-in-charge:			
Inspector: <u>Marco L. Bongiorno</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">0</span>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
IN = in compliance   OUT = out of compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:

Signature of Person-in-Charge: <u>Mona Stember</u>	Date: <u>3-12-19</u>
Signature of Inspector: <u>Marco L. Bongiorno</u>	Date: <u>3-12-19</u>

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>	Date: <u>3-12-19</u>	Page 2 of <u>3</u>
<b>GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS</b>		
IN = in compliance   OUT = out of compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation		

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
<b>Food Identification</b>							
37	Food properly labeled; original container						
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b>    
--	---	---

Signature of Person-In-Charge: <u>Mona Sender</u>	Date: <u>3-12-19</u>
Signature of Inspector: <u>Maria L. Bayly</u>	Date: <u>3-12-19</u>

Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Johnny Appleseed School</u>	Date: <u>3.12.19</u>	Page <u>3</u> of <u>3</u>
---	----------------------	---------------------------

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

### Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

[illegible]

Signature of Person-in-Charge: Norma Semler

Date: 3-12-19

Signature of Inspector: Marco L. Bonzano

Date: 3.12.19

TOWN OR CITY OF Barnstable**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>L.H.S.</u>	Date <u>9/11/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-Inspection <u>9/11/17</u> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Barnstable St.</u>	Risk Level	Permit No.	
Telephone <u>508-7715-XXXX</u>	HACCP Y/N		
Owner <u>City of Barnstable</u>	Time In: Out:		
Person in Charge (PIC) <u>Steve</u>			
Inspector <u>Brian Seidell</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input checked="" type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

## FOOD PROTECTION MANAGEMENT

- ☐ 1. PIC Assigned / Knowledgeable / Duties

## EMPLOYEE HEALTH

- ☐ 2. Reporting of Diseases by Food Employee and PIC

- ☐ 3. Personnel with Infections Restricted/Excluded

## FOOD FROM APPROVED SOURCE

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

## PROTECTION FROM CONTAMINATION

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

## PROTECTION FROM CHEMICALS

- ☐ 14. Approved Food or Color Additives

- ☐ 15. Toxic Chemicals

## TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

- ☐ 16. Cooking Temperatures

- ☐ 17. Reheating

- ☐ 18. Cooling

- ☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

## REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

- ☐ 21. Food and Food Preparation for HSP

## CONSUMER ADVISORY

- ☐ 22. Posting of Consumer Advisories

Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
1		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

Official Order for Correction: Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

9/18/17, 9/20/17

Inspector's Signature: <u>Brian Seidell</u>	Print: <u>Brian Seidell</u>	
PIC's Signature: <u>Steve</u>	Print: <u>Steve</u>	Page <u>1</u> of <u>1</u> Pages





THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OR CITY OF Leominster

## Massachusetts Department of Public Health

Division of Food and Drugs

### FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>LHS Cafe - School</u>	Date <u>11-7-84</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>132 Granite St.</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person In Charge (PIC)			
Inspector <u>Marco J. Banzari</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

#### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

#### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

All Set.

#### Violations Related to Good Retail Practices (Blue

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	Item
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco J. Banzari</u>	Print: <u>Marco L. Banzari</u>	
PIC's Signature: _____	Print: _____	Page <u>1</u> of <u>1</u> Pages

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Leominster High School</u>		Date: <u>6-11-17</u>	Page 1 of <u>2</u>
Address: <u>122 Granite St</u>		Time in: <u>      </u>	Time out: <u>      </u>
Telephone: <u>      </u>	Permit No.: <u>      </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>      </u>	
Owner: <u>      </u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <u>      </u>	
Person-in-charge: <u>RONAN WILKINSON</u>			
Inspector: <u>Marco J. Boryn</u>			

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shell/stock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection: <u>N/A</u>	Discussion with Person-in-Charge: <u>Please clean dust, from fan units, as well as ceiling fans/adjacent ceiling.</u>
Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>6-11-17</u>
Signature of Inspector: <u>Marco J. Boryn</u>	Date: <u>6-11-17</u>

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: Leominster High School

Date: 6-11-17

Page 2 of 2

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input type="checkbox"/> Other _____	<b>Type of Inspection:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b>  
---	--	-----------------------------------

Signature of Person-in-Charge: _____	Date: _____
Signature of Inspector: <u>11400 J. Ben...</u>	Date: _____

TOWN OR CITY OF Leicester**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Joe Hunt</u>	Date <u>9/11/17</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Storrs Ave</u>	Risk Level	Permit No.	
Telephone <u>508-0414</u>			
Owner <u>City of Leicester</u>	HACCP Y/N		
Person in Charge (PIC)	Time In:		
Inspector <u>Priscilla Quansah</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding

- ☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature <u>Priscilla Quansah</u>	Print: <u>Priscilla Quansah</u>	Page <u>4</u> of <u>4</u> Pages
PIC's Signature <u>Priscilla Quansah</u>	Print: <u>Priscilla Quansah</u>	

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Northwest School</u>	Date <u>7-9-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>95 Stearns Ave</u>	Risk Level	Permit No.	
Telephone			
Owner	HACCP Y/N		
Person in Charge (PIC) <u>Priscilla Quansah</u>	Time In: Out:		
Inspector <u>Marco L. Bangraz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
 Tobacco 590.009 (F) ☐  
 Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands  
☐ 13. Handwash Facilities mice caught in traps in storage room / no other signs.  
☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures - Clean light shield  
☐ 17. Reheating Closest to Walk-in cooler  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

no other issues

Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

3

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Priscilla Quansah</u>	Print: <u>Priscilla Quansah</u>	

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Northwest School</u>	Date <u>1-9-19</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>45 Stearns Ave</u>	Risk Level	Permit No.	
Telephone <u>978-534-7756</u>	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bingham</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition Five insp. Good☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection Facility Clean @ time of insp.☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing Temp checks Good☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures Clean fire suppression☐ 17. Reheating heads (sprinkler heads) in☐ 18. Cooling Kitchen☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesNO ISSUES**Violations Related to Good Retail Practices (Blue**

Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bingham</u>	Print: <u>Marco L. Bingham</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Priscilla Dugan</u>	Print: <u>Priscilla Dugan</u>	



# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Northwest Elementary School</u>		Date: <u>6-12-19</u>	Page 1 of <u>3</u>
Address: <u>45 Stearns Ave.</u>		Time in: <u>      </u>	Time out: <u>      </u>
Telephone: <u>      </u>	Permit No.: <u>      </u>	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">0</span>	
Owner: <u>      </u>			
Person-in-charge: <u>Priscilla Quansah</u>			
Inspector: <u>Marco Z. Bannay</u>		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29): <span style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; width: 30px; height: 30px; text-align: center; vertical-align: middle;">0</span>	
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
IN = in compliance   OUT = out of compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:	
	<u>+ All temp checks good</u> <u>+ all sanitizer checks good</u>	<u>clean and sanitary @ T.O.S.</u>
Signature of Person-in-Charge:	<u>Priscilla Quansah</u>	Date: <u>6-12-19</u>
Signature of Inspector:	<u>Marco Z. Bannay</u>	Date: <u>6-12-19</u>



# Food Establishment Inspection Report – City/Town of

Leominster

Establishment: Northwest School

Date: 6-12-19

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = In compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements Listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations Listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

### Type of Operation(s):

- ☒ Food Service Establishment
- ☐ Retail Food Store
- ☐ Residential: Cottage Foods
- ☐ Residential: Bed & Breakfast
- ☐ Mobile/Pushcart
- ☐ Temporary Food Estab.
- ☐ Other

### Type of Inspection:

- ☒ Routine
- ☐ Re-inspection
- ☐ Pre-operational
- ☐ Illness investigation
- ☐ General complaint
- ☐ HACCP
- ☐ Other

### Other Information:

School - Elementary

Signature of Person-in-Charge

*Russell Dyer*

Date: 6-12-19

Signature of Inspector:

*Marco Z. Brown*

Date: 6-12-19



TOWN OR CITY OF Charlestown**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Frank J. A.</u>	Date <u>9/7/12</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>1001 St.</u>	Risk Level		
Telephone <u>617-776-1111</u>	HACCP Y/N		
Owner <u>City of Charlestown</u>	Time In:		
Person In Charge (PIC)	Time Out:		
Inspector <u>Frank J. A.</u>	Permit No.		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
<input type="checkbox"/>	<input type="checkbox"/>	23. Management and Personnel (FC-2)(590.003)
<input type="checkbox"/>	<input type="checkbox"/>	24. Food and Food Protection (FC-3)(590.004)
<input type="checkbox"/>	<input type="checkbox"/>	25. Equipment and Utensils (FC-4)(590.005)
<input type="checkbox"/>	<input type="checkbox"/>	26. Water, Plumbing and Waste (FC-5)(590.006)
<input type="checkbox"/>	<input type="checkbox"/>	27. Physical Facility (FC-6)(590.007)
<input type="checkbox"/>	<input type="checkbox"/>	28. Poisonous or Toxic Materials (FC-7)(590.008)
<input type="checkbox"/>	<input type="checkbox"/>	29. Special Requirements (590.009)
<input type="checkbox"/>	<input type="checkbox"/>	30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>[Signature]</u>	Print: <u>Frank J. A.</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>Frank J. A.</u>	

TOWN OR CITY OF Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Post 5A</u>	Date <u>3/11/17</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>Post 5A</u>	Risk Level		
Telephone			
Owner <u>City of Leominster</u>	HACCP Y/N		
Person In Charge (PIC)	Time In:	Permit No.	
Inspector <u>Michael S. Bell</u>	Out:		

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

- |                    |             |                          |
|--------------------|-------------|--------------------------|
| Anti-Choking       | 590.009 (E) | <input type="checkbox"/> |
| Tobacco            | 590.009 (F) | <input type="checkbox"/> |
| Allergen Awareness | 590.009 (G) | <input type="checkbox"/> |

**FOOD PROTECTION MANAGEMENT**

- ☒ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☐ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)  
 24. Food and Food Protection (FC-3)(590.004)  
 25. Equipment and Utensils (FC-4)(590.005)  
 26. Water, Plumbing and Waste (FC-5)(590.006)  
 27. Physical Facility (FC-6)(590.007)  
 28. Poisonous or Toxic Materials (FC-7)(590.008)  
 29. Special Requirements (590.009)  
 30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Michael S. Bell</u>	Print: <u>Michael S. Bell</u>	
PIC's Signature: <u>Carey Embury</u>	Print: <u>Carey Embury</u>	Page <u>1</u> of <u>2</u> Pages

TOWN OR CITY OF \_\_\_\_\_

**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service <input checked="" type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☒ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

1

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

2-13-18

Inspector's Signature: _____	Print: _____	
PIC's Signature: _____	Print: _____	Page <u>1</u> of <u>1</u> Pages

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Priest St. School</u>	Date: <u>3-19-19</u>	Page 1 of <u>2</u>
Address: <u>115 Priest St.</u>	Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge:		
Inspector: <u>Marco L. Bagnan</u>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN = in compliance   OUT = out of compliance   N/O = not observed   N/A = not applicable   COS = corrected on-site during inspection   R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
-----------------------	-----------------------------------

Signature of Person-in-Charge: <u>[Signature]</u>	Date: <u>3-19-19</u>
Signature of Inspector: <u>Marco L. Bagnan</u>	Date: <u>3-19-19</u>

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: Priest St. School

Date: 3-19-19

Page 2 of 2

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
<b>Food Identification</b>							
37	Food properly labeled; original container						
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen; Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

<b>Type of Operation(s):</b> <input checked="" type="checkbox"/> Food Service Establishment <input type="checkbox"/> Retail Food Store <input type="checkbox"/> Residential: Cottage Foods <input type="checkbox"/> Residential: Bed & Breakfast <input type="checkbox"/> Mobile/Pushcart <input type="checkbox"/> Temporary Food Estab. <input checked="" type="checkbox"/> Other <u>School</u>	<b>Type of Inspection:</b> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-Inspection <input type="checkbox"/> Pre-operational <input type="checkbox"/> Illness investigation <input type="checkbox"/> General complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____	<b>Other Information:</b> - Replace ceiling tile @ sink/microwave. - new door sweep, rear door.
---	---	--

Signature of Person-in-Charge: [Signature]

Date: 3-19-19

Signature of Inspector: [Signature]

Date: 3-19-19



TOWN OR CITY OF Amherst**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name	Date	Type of Operation(s)	Type of Inspection
Address	Risk Level	<input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection Previous inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Telephone	HACCP Y/N	Permit No.	
Owner	Time In:		
Person in Charge (PIC)	Time Out:		
Inspector			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**

- ☐ 1. PIC Assigned / Knowledgeable / Duties

**EMPLOYEE HEALTH**

- ☐ 2. Reporting of Diseases by Food Employee and PIC  
☐ 3. Personnel with Infections Restricted/Excluded

**FOOD FROM APPROVED SOURCE**

- ☐ 4. Food and Water from Approved Source  
☐ 5. Receiving/Condition  
☐ 6. Tags/Records/Accuracy of Ingredient Statements  
☐ 7. Conformance with Approved Procedures/HACCP Plans

**PROTECTION FROM CONTAMINATION**

- ☐ 8. Separation/Segregation/Protection  
☐ 9. Food Contact Surfaces Cleaning and Sanitizing  
☐ 10. Proper Adequate Handwashing  
☐ 11. Good Hygienic Practices

- ☐ 12. Prevention of Contamination from Hands

- ☒ 13. Handwash Facilities

**PROTECTION FROM CHEMICALS**

- ☐ 14. Approved Food or Color Additives  
☐ 15. Toxic Chemicals

**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**

- ☐ 16. Cooking Temperatures  
☐ 17. Reheating  
☐ 18. Cooling  
☐ 19. Hot and Cold Holding  
☐ 20. Time As a Public Health Control

**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**

- ☐ 21. Food and Food Preparation for HSP

**CONSUMER ADVISORY**

- ☐ 22. Posting of Consumer Advisories

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION: 12/6/17, 12/8/17

Inspector's Signature:	Print:	
PIC's Signature:	Print:	Page <u>  </u> of <u>  </u> Pages

TOWN OR CITY OF

Leominster**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>Samoset</u>	Date <u>5-16-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <u>DeCicco</u>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time In: Out:	Permit No.	
Person In Charge (PIC) <u>Fatherly L. Scuro</u>			
Inspector <u>Marco L. Bangraz</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☐ 13. Handwash Facilities

PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals

TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control

REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer AdvisoriesViolations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

0

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bangraz</u>	Print: <u>Marco L. Bangraz</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>Fatherly L. Scuro</u>	Print: <u>Fatherly L. Scuro</u>	

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <i>Samoset School</i>	Date <i>11-8-78</i>	<u>Type of Operation(s)</u> <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	<u>Type of Inspection</u> <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other _____
Address <i>Deccio Drive</i>	Risk Level		
Telephone	HACCP Y/N		
Owner	Time in:		
Person in Charge (PIC)	Out:	Permit No.	
Inspector <i>Marion Bonarazi</i>			

**Non-compliance with:**

<b>Anti-Choking</b>	<b>590.009 (E)</b>	<input type="checkbox"/>
<b>Tobacco</b>	<b>590.009 (F)</b>	<input type="checkbox"/>
<b>Allergen Awareness</b>	<b>590.009 (G)</b>	<input type="checkbox"/>

<b>Anti-Choking</b>	<b>590.009 (E)</b>	<input type="checkbox"/>
<b>Tobacco</b>	<b>590.009 (F)</b>	<input type="checkbox"/>
<b>Allergen Awareness</b>	<b>590.009 (G)</b>	<input type="checkbox"/>

**Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red items 1-22):**

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

DATE OF RE-INSPECTION:

C	N	
		23. Management and Personnel (FC-2)(590.003)
		24. Food and Food Protection (FC-3)(590.004)
		25. Equipment and Utensils (FC-4)(590.005)
		26. Water, Plumbing and Waste (FC-5)(590.006)
		27. Physical Facility (FC-6)(590.007)
		28. Poisonous or Toxic Materials (FC-7)(590.008)
		29. Special Requirements (590.009)
		30. Other

Inspector's Signature: <i>[Signature]</i>	Print: <i>Marco L. Pangrazzi</i>	Page <i>1</i> of <i>1</i> Pages
PIC's Signature: <i>[Signature]</i>	Print:	

# Food Establishment Inspection Report – City/Town of

*Leominster*

Establishment: <i>Samoset School</i>		Date: <i>6-5-19</i>	Page 1 of <i>3</i>
Address: <i>100 Decicco Dr.</i>		Time in:	Time out:
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):	
Person-in-charge: <i>Kathryn V. Sicudo</i>			
Inspector: <i>Marcos L. Bangrazi</i>			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>			
IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation			

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
<i>N/A</i>	<i>See pg. 3.</i>

Signature of Person-in-Charge:	Date: <i>6-5-19</i>
Signature of Inspector: <i>Marcos L. Bangrazi</i>	Date: <i>6-5-19</i>

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: Samoset School

Date: 6-5-19

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
Safe Food and Water							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
Food Temperature Control							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
Food Identification							
37	Food properly labeled; original container						
Prevention of Food Contamination							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
Proper Use of Utensils							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
Utensils, Equipment and Vending							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
Physical Facilities							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
Additional Requirements listed in 105 CMR 590.011							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
Review of Retail Operations listed in 105 CMR 590.010							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
Local Requirements							
L1	Local law or regulation						
L2	Other						

### Type of Operation(s):

- ☒ Food Service Establishment  
☐ Retail Food Store  
☐ Residential: Cottage Foods  
☐ Residential: Bed & Breakfast  
☐ Mobile/Pushcart  
☐ Temporary Food Estab.  
☐ Other

### Type of Inspection:

- ☒ Routine  
☐ Re-inspection  
☐ Pre-operational  
☐ Illness Investigation  
☐ General complaint  
☐ HACCP  
☐ Other

### Other Information:

School

Signature of Person-in-Charge: [Signature]

Date: 6-5-19

Signature of Inspector: [Signature]

Date: 6-5-19

Leominster

Date: 6-5-19 Page 3 of 3

Temperature Observations					
Item / Location	Temp (°F)	Item / Location	Temp (°F)	Item / Location	Temp (°F)

### Observations and/or Corrective Actions

Violations cited in this report must be corrected within the time frames stated below or in Section 8-405.11 of the Food Code

Item Number	Section of Code	Description of Violation	Date to Correct By
		- Fix leak at left hand side food prep sink, Coupling on back side drain ....	
		- Fix door sweep on rear door to dumpster pad small gap on lower hinge side of door.	
		+ All temp checks good	
		+ All sanitizer checks good	
			N/A

**Signature of Person-In-Charge:**

Date: 6-5-18

**Signature of Inspector:** \_\_\_\_\_

Date: 6-5-19



TOWN OR CITY OF Lowell**Massachusetts Department of Public Health**

Division of Food and Drugs

**FOOD ESTABLISHMENT INSPECTION REPORT**

Name <u>2-14-00</u>	Date <u>6/14/07</u>	Type of Operation(s) <input type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input checked="" type="checkbox"/> Re-inspection <u>6/14/07</u> Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>100 Main St</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner <u>Big K Mart</u>	Time In: <u>12:45</u> Out: <u>1:15</u>		
Person In Charge (PIC)			
Inspector <u>John F. [Signature]</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

**Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)**

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

Non-compliance with:

Anti-Choking	590.009 (E)	<input type="checkbox"/>
Tobacco	590.009 (F)	<input type="checkbox"/>
Allergen Awareness	590.009 (G)	<input type="checkbox"/>

**FOOD PROTECTION MANAGEMENT**☐ 1. PIC Assigned / Knowledgeable / Duties**EMPLOYEE HEALTH**☐ 2. Reporting of Diseases by Food Employee and PIC☐ 3. Personnel with Infections Restricted/Excluded**FOOD FROM APPROVED SOURCE**☐ 4. Food and Water from Approved Source☐ 5. Receiving/Condition☐ 6. Tags/Records/Accuracy of Ingredient Statements☐ 7. Conformance with Approved Procedures/HACCP Plans**PROTECTION FROM CONTAMINATION**☐ 8. Separation/Segregation/Protection☐ 9. Food Contact Surfaces Cleaning and Sanitizing☐ 10. Proper Adequate Handwashing☐ 11. Good Hygienic Practices☐ 12. Prevention of Contamination from Hands☒ 13. Handwash Facilities**PROTECTION FROM CHEMICALS**☐ 14. Approved Food or Color Additives☐ 15. Toxic Chemicals**TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)**☐ 16. Cooking Temperatures 124☐ 17. Reheating☐ 18. Cooling☐ 19. Hot and Cold Holding☐ 20. Time As a Public Health Control**REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)**☐ 21. Food and Food Preparation for HSP**CONSUMER ADVISORY**☐ 22. Posting of Consumer Advisories

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):



**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:** 6/14/07 6/21/07

**Violations Related to Good Retail Practices (Blue Items)** Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Inspector's Signature: <u>[Signature]</u>	Print: <u>John F. [Signature]</u>	Page <u>1</u> of <u>1</u> Pages
PIC's Signature: <u>[Signature]</u>	Print: <u>John F. [Signature]</u>	

# FOOD ESTABLISHMENT INSPECTION REPORT

FORM 734A A.M. SULKIN CO. CHARLESTOWN, MA

# Massachusetts Department of Public Health

Division of Food and Drugs

## FOOD ESTABLISHMENT INSPECTION REPORT

Name <u>Sky View School</u>	Date <u>9-5-18</u>	Type of Operation(s) <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Retail <input type="checkbox"/> Residential Kitchen <input type="checkbox"/> Mobile <input type="checkbox"/> Temporary <input type="checkbox"/> Caterer <input type="checkbox"/> Bed & Breakfast	Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Re-inspection Previous Inspection Date: <input type="checkbox"/> Pre-operation <input type="checkbox"/> Suspect Illness <input type="checkbox"/> General Complaint <input type="checkbox"/> HACCP <input type="checkbox"/> Other
Address <u>Kennedy Way</u>	Risk Level	Permit No.	
Telephone	HACCP Y/N		
Owner	Time In: Out:		
Person in Charge (PIC)			
Inspector <u>Marco L. Bangora</u>			

Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated.

Non-compliance with:

### Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items)

Anti-Choking 590.009 (E) ☐  
Tobacco 590.009 (F) ☐  
Allergen Awareness 590.009 (G) ☐

Violations marked may pose an imminent health hazard and require immediate corrective action as determined by the Board of Health.

#### FOOD PROTECTION MANAGEMENT

☐ 1. PIC Assigned / Knowledgeable / Duties

#### EMPLOYEE HEALTH

☐ 2. Reporting of Diseases by Food Employee and PIC

☐ 3. Personnel with Infections Restricted/Excluded

#### FOOD FROM APPROVED SOURCE

☐ 4. Food and Water from Approved Source

☐ 5. Receiving/Condition

☐ 6. Tags/Records/Accuracy of Ingredient Statements

☐ 7. Conformance with Approved Procedures/HACCP Plans

#### PROTECTION FROM CONTAMINATION

☐ 8. Separation/Segregation/Protection

☐ 9. Food Contact Surfaces Cleaning and Sanitizing

☐ 10. Proper Adequate Handwashing

☐ 11. Good Hygienic Practices

☐ 12. Prevention of Contamination from Hands

☐ 13. Handwash Facilities

#### PROTECTION FROM CHEMICALS

☐ 14. Approved Food or Color Additives

☐ 15. Toxic Chemicals

#### TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)

☐ 16. Cooking Temperatures

☐ 17. Reheating

☐ 18. Cooling

☐ 19. Hot and Cold Holding

☐ 20. Time As a Public Health Control

#### REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)

☐ 21. Food and Food Preparation for HSP

#### CONSUMER ADVISORY

☐ 22. Posting of Consumer Advisories

### Violations Related to Good Retail Practices (Blue Items)

Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.

C	N

23. Management and Personnel (FC-2)(590.003)

24. Food and Food Protection (FC-3)(590.004)

25. Equipment and Utensils (FC-4)(590.005)

26. Water, Plumbing and Waste (FC-5)(590.006)

27. Physical Facility (FC-6)(590.007)

28. Poisonous or Toxic Materials (FC-7)(590.008)

29. Special Requirements (590.009)

30. Other

Number of Violated Provisions Related To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22):

**Official Order for Correction:** Based on an inspection today, the items checked indicate violations of 105 CMR 590.000/Federal Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing and submitted to the Board of Health at the above address within 10 days of receipt of this order.

**DATE OF RE-INSPECTION:**

Inspector's Signature: <u>Marco L. Bangora</u>	Print: <u>Marco L. Bangora</u>	
PIC's Signature: <u>[Signature]</u>	Print: <u>Joan Price</u>	Page <u>1</u> of <u>1</u> Pages

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: <u>Skyview School</u>	Date: <u>3-20-19</u>	Page 1 of <u>3</u>
Address: <u>Deccico Dr.</u>	Time in: <u>10:30</u>	Time out: <u>11:15</u>
Telephone:	Permit No.:	Number of Violated Provisions Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Owner:		Number of Repeat Violations Related to Foodborne Illness Risk Factors and Interventions (Items 1 through 29):
Person-in-charge: <u>Joan Prince</u>		
Inspector: <u>Marco Z. Bongino</u>		

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Supervision</b>							
1	Person-in-charge present, demonstrates knowledge, and performs duties						
2	Certified Food Protection Manager						
<b>Employee Health</b>							
3	Management, food employee and conditional employee; knowledge, responsibilities and reporting						
4	Proper use of restriction and exclusion						
5	Procedures for responding to vomiting and diarrheal events						
<b>Good Hygienic Practices</b>							
6	Proper eating, tasting, drinking, or tobacco use						
7	No discharge from eyes, nose, and mouth						
<b>Preventing Contamination by Hands</b>							
8	Hands clean & properly washed						
9	No bare hand contact with ready-to-eat food						
10	Adequate handwashing sinks properly supplied and accessible						
<b>Approved Source</b>							
11	Food obtained from approved source						
12	Food received at proper temperature						
13	Food received in good condition, safe, & unadulterated						
14	Required records available: shellstock tags, parasite destruction						

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Protection from Contamination</b>							
15	Food separated and protected						
16	Food-contact surfaces; cleaned & sanitized						
17	Proper disposition of returned, previously served, reconditioned & unsafe food						
<b>Time/Temperature Control for Safety</b>							
18	Proper cooking time & temperatures						
19	Proper reheating procedures for hot holding						
20	Proper cooling time and temperature						
21	Proper hot holding temperature						
22	Proper cold holding temperature						
23	Proper date marking and disposition						
24	Time as a Public Health Control						
<b>Consumer Advisory</b>							
25	Consumer advisory provided for raw / undercooked food						
<b>Highly Susceptible Populations</b>							
26	Pasteurized foods used; prohibited foods not offered						
<b>Food/Color Additives and Toxic Substances</b>							
27	Food additives: approved & properly used						
28	Toxic substances properly identified, stored & used						
<b>Conformance with Approved Procedures</b>							
29	Compliance with variance / specialized process / HACCP Plan						

**Official Order for Correction:** Based on an inspection today, the items marked "OUT" indicated violations of 105 CMR 590.000 and applicable sections of the 2013 FDA Food Code. This report, when signed below by a Board of Health member or its agent constitutes an order of the Board of Health. Failure to correct violations cited in this report may result in suspension or revocation of the food establishment permit and cessation of food establishment operations. If you are subject to a notice of suspension, revocation, or non-renewal pursuant to 105 CMR 590.000 you may request a hearing before the board of health in accordance with 105 CMR 590.015(B).

Date of Reinspection:	Discussion with Person-in-Charge:
-----------------------	-----------------------------------

Signature of Person-In-Charge: <u>Joan Prince</u>	Date: <u>3-20-19</u>
Signature of Inspector: <u>Marco Z. Bongino</u>	Date: <u>3-20-19</u>

# Food Establishment Inspection Report – City/Town of Leominster

Establishment: Sky View

Date: 3-20-19

Page 2 of 3

## GOOD RETAIL PRACTICES AND MASSACHUSETTS-ONLY SECTIONS

IN = in compliance OUT = out of compliance N/O = not observed N/A = not applicable COS = corrected on-site during inspection R = repeat violation

Compliance Status		IN	OUT	N/A	N/O	COS	R
<b>Safe Food and Water</b>							
30	Pasteurized eggs used where required						
31	Water & ice from approved source						
32	Variance obtained for specialized processing methods						
<b>Food Temperature Control</b>							
33	Proper cooling methods used; adequate equipment for temperature control						
34	Plant food properly cooked for hot holding						
35	Approved thawing methods used						
36	Thermometers provided & accurate						
<b>Food Identification</b>							
37	Food properly labeled; original container						
<b>Prevention of Food Contamination</b>							
38	Insects, rodents, & animals not present						
39	Contamination prevented during food preparation, storage and display						
40	Personal cleanliness						
41	Wiping cloths: properly used & stored						
42	Washing fruits & vegetables						
<b>Proper Use of Utensils</b>							
43	In-use utensils properly stored						
44	Utensils, equipment & linens: properly stored, dried, & handled						
45	Single-use / single-service articles: properly stored & used						
46	Gloves used properly						
<b>Utensils, Equipment and Vending</b>							
47	Food & non-food contact surfaces cleanable, properly designed, constructed & used						

Compliance Status		IN	OUT	N/A	N/O	COS	R
48	Warewashing facilities: installed, maintained, & used; test strips						
49	Non-food contact surfaces clean						
<b>Physical Facilities</b>							
50	Hot & cold water available; adequate pressure						
51	Plumbing installed; proper backflow devices						
52	Sewage & waste water properly disposed						
53	Toilet features: properly constructed, supplied, & cleaned						
54	Garbage & refuse properly disposed; facilities maintained						
55	Physical facilities installed, maintained, & clean						
56	Adequate ventilation & lighting; designated areas used						
<b>Additional Requirements listed in 105 CMR 590.011</b>							
M1	Anti-choking procedures in food service establishment						
M2	Food allergy awareness						
<b>Review of Retail Operations listed in 105 CMR 590.010</b>							
M3	Caterer						
M4	Mobile Food Operation						
M5	Temporary Food Establishment						
M6	Public Market; Farmers Market						
M7	Residential Kitchen; Bed-and-Breakfast Operation						
M8	Residential Kitchen: Cottage Food Operation						
M9	School Kitchen; USDA Nutrition Program						
M10	Leased Commercial Kitchen						
M11	Innovative Operation						
<b>Local Requirements</b>							
L1	Local law or regulation						
L2	Other						

### Type of Operation(s):

- ☒ Food Service Establishment  
☐ Retail Food Store  
☐ Residential: Cottage Foods  
☐ Residential; Bed & Breakfast  
☐ Mobile/Pushcart  
☐ Temporary Food Estab.  
☒ Other School

### Type of Inspection:

- ☒ Routine  
☐ Re-inspection  
☐ Pre-operational  
☐ Illness investigation  
☐ General complaint  
☐ HACCP  
☐ Other \_\_\_\_\_

### Other Information:

51: HW Sink

Signature of Person-in-Charge: Don Pucci

Date: 3-20-19

Signature of Inspector: Marco L. Boudreau

Date: 3-20-19

Leominster

Date: 3.20.19

Page 3 of 3

[illegible]

**Signature of Person-in-Charge:**

Frank P. Jones

Date:

3-20-19

**Signature of Inspector:**

Marco L. Bonny

Date:

3.20.19